MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP. TOTAL

SERIAL NO.

FILING DATE

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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